Sydney South West GP Link

GP LINK Lunches | Antenatal Shared Care Consultant Midwife Liaisons – Wendy and Rebecca

Dr Kenneth McCroary, Chair of Sydney South West GP Link, hosts a series of meetings with clinical/ political/regional individuals or organisations to discuss issues and solutions for GPs working in South Western Sydney

Rebecca Bedding

Wendy Pickup

Dr Ken McCroary

Ken McCroary - With Sydney South West GP Link new advocacy for South West Sydney GPs we recently followed up some focus group interviews regarding antenatal care within South Western Sydney. Some issues that came up included Antenatal Shared Care (ANSC) HealthChat, biMP and free NT at Liverpool Hospital.
ANSC HealthChat is a hub of resources for antenatal shared care. It includes posts listing upcoming free CPD events provided by South Western Sydney Local Health District and South Western Sydney Primary Health Network specific to pregnancy care. biMP is the Information about booking in my pregnancy (biMP) and is also available on HealthChat.
Free NT at Liverpool Hospital. There's also development for the information of the free NT and pre-eclampsia screening at Liverpool Hospital through The Baby Monitor news resource. This includes access to referral forms and map for women.
I thought it would be a good idea for the GPs in South Western Sydney and the pregnant women they care for in liaison with the Local Health District's midwives and obstetricians and with this in mind I'm joined today by Rebecca Bedding and Wendy Pickup.
Rebecca is one of two Antenatal Shared Care Clinical Midwife Consultants covering South Western Sydney Local Health District. She's worked as a Registered Midwife, Midwifery Unit Manager and Clinical Midwife Consultant – predominantly within South Western Sydney Local Health District for nearly 20 years. Her experience also includes working within a GP practice as a Practice Nurse and Midwife. Rebecca has a passionate focus for women to receive the highest standard of pregnancy care and is a firm advocate for women's choice of pregnancy care models.
Also with me is Wendy Pickup. Wendy is one of two Antenatal Shared Care Clinical Midwife Consultants. She works part time in the role covering South Western Sydney Local Health District since the end of June 2023. She wants to assist in bridging the gap between hospitals, GPs and pregnant women in the South Western Sydney Local Health District. Wendy has worked as a midwife/registered nurse for over 30 years. Wendy began her career and worked at Royal Prince Alfred Hospital in general nursing and then maternity as a Clinical Nurse Specialist and Midwifery Unit Manager until 2009 when she transitioned to Liverpool Hospital to work in the Early Pregnancy Assessment Service. Since early 2020 she has been a Research Midwife part time. She enjoys working with pregnant women and improving their outcomes for them and their babies, physically and emotionally.

Thank you so much for joining me today and I look forward to hearing about the recent events in Antenatal Shared Care within our region.

Ken McCroary: Thanks again for joining me today. I guess the first thing is Antenatal Shared Care in South West Sydney Focus Group, what was that about and who was in that and what happened with the focus group and the outcomes?

Rebecca Bedding: So that was late 2022. Some of the actual groups themselves I was able to join which was helpful I think both for myself putting faces to names of GPs but also to be able to answer in the moments some shared care specific type questions. The focus groups themselves stemmed from Antenatal Redesign Project that South Western Sydney Local Health District is working on and which Nicole was the lead. We've got fundamentally the goal of offering women, all women, across South West Sydney care for free through our district simultaneously undertaking their first booking appointment. So the goal is to have essentially a one stop shop is a term that's been used to describe what the plan would be. So the woman has her booking in appointment, she has her first trimester screening if she's agreeable to that, she's assigned the model of care and then her subsequent appointments are booked from there. Depending on which model she is allocated to it could be Antenatal Shared Care so that's the project itself and then there's three arms to that project which includes consumer engagement, referrals, referral pathways and also the first trimester screening itself. The consumer engagement part included a comprehensive survey and then also some focus groups with specific stakeholder groups within the district and also within the GP world. There was focus groups with GPs, focus groups with hospital clinicians both midwifery and medical, focus groups with consumers of different backgrounds so both culturally and linguistically diverse, Aboriginal across the district as well as a competency survey which there was more than 1400 responses to which was exciting. So I hope that answers that question.

Ken McCroary: Yeah thank you. I might ask Wendy now, what about the Antenatal Shared Care HealthChat? What's that about?

Wendy Pickup: HealthChat is just a platform for the GPs to access to try and get pamphlets that we use across the district so it's universal, little updated items for education they can view so they're not missing out on getting their CPD points, alerts that we might get through the hospital. It's just a shared platform probably between us and the GP just so that they don't miss out, so it's sort of a link. I'm not sure who started it, Bec do you know who started it, was it PHN? We don't know because we are quite new in the GP Shared Care world Bec and I. But yeah it's basically a link provided to GPs so they don't miss out on things.

Ken McCroary: And obviously we're talking to our local GP colleagues today and if they were interested in participating or joining or somehow connecting with the links with HealthChat do you know how they go about doing that?

Rebecca Bedding: So the Antenatal Shared Care HealthChat is not restricted or a group membership type site. They can simply google South West Sydney Primary Health Network, use the abbreviation, and Antenatal Shared Care HealthChat. We are also more than happy to provide the link to them if want to give us a call. Our numbers are available through the PHN Antenatal Shared Care site as well and as Wendy said it's just a hub of resources, I suppose everything other than your health pathways that you might need in conducting your shared care. So there's referral forms on there that are printable for things like your FNU genetics and those sort of things that you don't want to have to go scourging around for essentially that you want to be able to find quickly.

So I often recommend when we're doing orientation and refresher sessions save it in favourites in your browser that you use on your work computer so its quick and easy for you to access and we are working on a link from HealthPathways to HealthChat but there is a HealthPathways link from HealthChat, if that's useful.

Ken McCroary: Yeah I was actually going to ask about the health pathways site itself and you guys have a presence on that too yeah?

Rebecca Bedding: Correct.

Ken McCroary: Excellent. Thank you. What about Baby Monitor? Who can tell me what Baby Monitor is and what that means?

Wendy Pickup: I can tell you a bit about it. I've only been involved in the last month, Baby Monitor is a newsletter. So we send it to our GPs in shared care and I think it gets put on the intranet as well for South West Sydney. It's just an update of what's been happening, we might put little newsletters in there about up and coming webinars, education, it's basically similar to HealthChat but more local things that have been happening and it comes out every two months if I'm correct.

Ken McCroary: So it automatically gets mailed out?

Rebecca Bedding: Just to add to that so we have it bi-monthly, its available through HealthChat, it's also put on, as Wendy said, on the Intranet so the hospital clinicians can see what's being sent out to GPs as well so everybody's on the same page. We like to have some special interest items if there's something new that's happening in the district so we're waiting for Professor Hyett to give us a little article to put in around first trimester screening and his research project he is doing. We also like to provide some updates on other things that may be of particular interest to GPs.

Ken McCroary: Excellent thank you. You mentioned that the Baby Monitor newsletter is mailed out or emailed out to the GPs who are participating in the Antenatal Shared Care program, if I was a GP reading this today and was thinking "gee that's really interesting" and I'm not part of the ANSC program yet how would I go about contacting you guys or becoming a member or a participating GP in the Shared Care program in our South West Sydney district?

Rebecca Bedding: So googling South Western Sydney PHN website and there is an Antenatal Shared Care application form, so I think you go into, I've got a shortcut on my computer myself, but you can go into the Women's Health part I think, something along that line and there's an online application form. If you are having struggles with the online application form there is a paper form you can access from the PHN. That application form has some requirements for you to able proceed. If you are a GP registrar we'll ask you are you a GP registrar, yes or no, and then if you are a registrar your only requirement then is to have a supervising already recognised shared care provider within the practice. If you are not a GP registrar, we ask for some level of experience with antenatal shared care. We are in the process of adjusting that form because some of the qualifications I believe are slightly out of date so its new diplomas and things like that that are now available for GPs to undertake so we're trying to make that more reflective. That application form is then sent to the PHN, they then send that to us and then we offer a spot at orientation. Currently orientation is virtual and we run five a year.

Ken McCroary: Okay. If I'm relatively new to general practice or I have been around for a while and it's been a while since I delivered babies way back and obviously I still see pregnant women in my practice I shouldn't be turned off if I'm interested should I? It's not that onerous and we're well supported by you guys to participate and upskill yeah?

Rebecca Bedding: So we have got the option if someone doesn't say have recency of experience or maybe there's some confidence around providing antenatal care outside of those first couple of consults when you are diagnosing someone with pregnancy, we started running some skills days, so some practical sessions where GPs can come and practice particularly abdo palps because we know we've got a lot of emphasis around that, recognition of increased fundal height, and there's extensive pathways now in place in terms of foetal growth restriction so we want to be able to offer that as well as an update on things that are happening within this antenatal space. We have started, we've done one so far, we've actually got our second one running tomorrow and we are also giving the opportunities, if you are someone who is perhaps not feeling confident or isn't able to provide us with a lot of information around their recency of practice we're offering for them to come to that skills day so we can work with them to see where they're at and then we can work on them gaining their recognition.

Ken McCroary: Excellent. Yeah, and you guys support the practitioners or you're available if we have questions we can talk to you guys and get some assistance?

Wendy Pickup: So we have two contact numbers, Bec has one and I've got one, so it doesn't matter which one you call. If one doesn't answer we say go to the other one because I'm part time so I'm usually mostly on the phone anyway, and a joint email address that we can try and support but we encourage the GPs to call us about anything. And we do we get our regular GPs that call us about different things and the more they call us or the more we see them face to face their more comfortable with us so they are more likely to engage but yeah we're that support person from in the community to the hospital definitely.

Rebecca Bedding: We're happy to also be a bit of a conduit as well so if the GP is uncertain which service to contact perhaps within the hospital that's the guidance that we can provide, sometimes we're the connector. So there's been times when we can take that referral or that issue specific for that woman and present that to the right clinic or the right person within the clinic so it just becomes a bit of a time saver for the GP. You're so time poor and want to provide the best care that you can, so utilise us where you can and if we can't help you or we don't have the answer we will get back to you and we will always ask what's the best mechanism to get back to you. Most GPs are happy for us just to give them a call back on their mobile rather than having to go through their practice switch or text or an email, whatever suits you we're happy to communicate in that way.

Ken McCroary: No worries. My next sort of query is about the biMP – the booking in my pregnancy.

Rebecca Bedding: So that's an online, I guess a webform, that women can complete. It's been developed by some of our researchers that Wendy works with in the other part of her job that's outside of antenatal shared care and it's essentially come from the hypertensive research team there and Wendy will correct me if I'm wrong. Essentially what it is, it's like a risk assessment form. So there's two components to it. There's the woman's side and there's the GP side. The woman's side, the woman can access booking in my pregnancy by either googling it or accessing it via a QR code, we've got one that we're happy to provide with GPs if they are interested and she can complete that on her phone.

The woman's webform is available in English, Arabic, and Vietnamese and all of her responses then get sent automatically to the antenatal clinic in English so it doesn't matter what language she actually completes it in and it is sent based on her geo-location. Whatever address she puts in locks her to a specific hospital so if she puts in an address in Greenacre, just say it will lock her to Bankstown, if she puts in Camden it will lock her to her local hospital. So that means that antenatal clinic will then receive that referral via email. All of the woman's information is kept on the hospital server so it's secure and then the antenatal clinic has her contact details and they will then contact her to make an appointment and they will prioritise when to make that appointment based on risk factors that she's identified.

So that could be her gestation, it could be that she's had a history of gestational diabetes, she has twins on board, whatever that might look like. The GP facing part is accessible in the same way and it basically, there's no extensive 20-minute survey to complete for a GP, it's a referral form that's online. And exactly the same principle in terms of the geo-location whatever address you populate in there for the woman it will then allocate her to that hospital. So again if she's in Greenacre she'll get that referral sent directly to Bankstown antenatal clinic. And you've got the capacity to put information in there, whatever might be that's relevant to her pregnancy.

Wendy Pickup: The other thing to add is that as they populate their information it will bring up their risk factors so if their hospital is in a lower acuity level and they've got a high risk pregnancy they will automatically be referred to the higher acuity hospital. So if they're at Fairfield but they've got diabetes they will be referred directly to Liverpool, they don't have to go through two hospital referral systems, so it's just a more direct referral system to get them booked in by 12 weeks pregnancy.

Rebecca Bedding: The diabetes example, they could have had their baby at Fairfield if they have diabetes Wendy, twins.

Ken McCroary: We've got diabetes everywhere in South Western Sydney by the way.

Wendy Pickup: I know, I know.

Ken McCroary: So my next query, my next thing I really want to hear from you guys about is the free NT at Liverpool hospital?

Rebecca Bedding: So that's very exciting for us. It's not just exclusively available for Liverpool patients though, it's available for any woman that's having a baby across South Western Sydney, it just happens to be located at Liverpool. It's slightly problematic for women who may be in Bowral and they then need to outlay costs of petrol and transport versus having something done locally but that's come around via Prof Hyett and his research project and that's quite an exciting opportunity for women that are interested in having their NT undertaken at Liverpool.

The GP simply completes a fetal maternal unit referral form and ticks the box for nuchal translucency and then that gets sent through to Liverpool hospital and then they will contact you with an appointment. Clearly like with any nuchal there is that gestational requirement/restriction around who can have that done and for her pathology they strongly request that the pathology component, women have that taken at one of the South Western Sydney Local Health District Pathology Services so at any of our hospitals because then that result is available directly to them within their system. So they do come across issues if the woman has had pathology done externally as the results may not be available. And the woman needs to have that pathology undertaken three to four days before the scanning.

Ken McCroary: Excellent. Thank you very much. I guess as we integrate digitally My Health Records and the hospital and the GP practices through IRAD etc that hopefully won't be an issue moving forward where the results will be easily locatable for clinicians of all sorts working within all the different silos. Now that I've covered that nitty gritty stuff I want to address more broader aspects of shared care and the antenatal space in our region. Obviously South Western Sydney it's different, it's diverse, it's a crazy world, we have our own special needs and challenges. What do you guys see as the special needs and challenges in our region?

Wendy Pickup: It's definitely space and having enough clinicians to take care of these women. Bec what do you say?

Rebecca Bedding: We have such a diverse community so we range from lower to higher socioeconomic areas/ranges, whatever the correct terminology might be. Our linguistic cultural diversity makes many aspects of care challenging. From an antenatal space I think it's trying to ensure there's equality and equitable access across our services to all women so that's part of why the first trimester screening project is quite exciting because it means that anybody can have that, it doesn't matter if you can afford it privately or not. I also think that having access to a known care provider is also something that is really important whether that's your GP, whether that's an obstetric officer at a hospital because you're high risk pregnancy, whether you're part of a midwifery group practice, I think having a known care provider helps mitigate a lot of risks for women particularly women who are of such diverse backgrounds as in South Western Sydney. So I think that's where it's quite important from a shared care space that it gets embraced perhaps a bit more readily than it has been so that all women, all women can access their GP, so that would then allow them to have that continuity of care during their pregnancy and we know, the research tells us, that there's strong indications that that continuity of care provides very positive outcomes for women even extending into labour and birth.

Ken McCroary: Yeah I think it's really important. We look around and the complication rates we have at our local health districts compared to the country and the rest of the world, aren't fabulous particularly with diabetic complications, the abnormalities coming from that, the birth defects, the birth complications. We've got a long way to go and finding solutions is a challenge. Where are you guys working towards in the solution space?

Rebecca Bedding: We're both actually quite involved with this antenatal redesign project coming around and as I said earlier it's really going to change the focus of those first few appointments, amalgamating those first few appointments so that women have a consolidated appointment where we don't have women coming and going for three or four appointments whether that's been to the hospital, their GP etc before they are actually allocated a model of care. The benefit of the project will be the fact that it's streamlined so whilst it's about providing equitable access to first trimester screening another benefit will be that women will be allocated early to their model of care appropriate to their risk factors at that time of the booking and then they know where they are going. There's not this backwards and forwards of coming back and forth between the hospital and the GP – the woman knows, the GP knows, the hospital knows from that early stage so that seems a lot more seamless to me. So that's one space we're working in.

We're also trying to generate ways women can access information a lot more readily whether it be through the clinic or through their GP, so those educational resources – that's a space I've been working in before I came to shared care so rolling out a particular project across the district where women can access all of that information just via a QR code rather than having different pamphlets and considering whether or not that is something that would work in the GP space considering that you've got to provide the same type of information to women that we do when we have clinic appointments.

So whether or not that's something that GPs would find useful we can certainly work towards that as well. So its equitable access to information, equitable access to services regardless of what language the woman speaks or economic status – those are the things we are trying to work towards.

Wendy Pickup: We're also trying to increase the number of women seeing GPs because the hospital clinics are getting quite full and we know they can get continuity of care from their GP especially their known GP. So we're trying to make that journey from when they book in to when they deliver quite smooth and if there's some bumps along the way the GPs can refer back to us going "well what do we do now?" and just keep them in that GP care, then they don't jump out of that model of care back into the clinics or into the general clinics.

Rebecca Bedding: Just to add to Wendy's point around the number of women going through antenatal shared care during their pregnancy, we're trying to change the conversation with our hospitals around the considerations for shared care so look at, at the end of the day, the focus should be the woman and which model of care is most appropriate for her and not just consider accepting all women to come to hospital. What does the woman actually want? And asking the woman what she wants so that she is having the right care in the right place with the right person for her. So we need to consider things like the woman's spoken language, her transport, her relationship with her General Practitioner and that existing relationship so trying to reframe it's not just about numbers it's about having the woman seeing the right person for her and most of the time I wouldn't hesitate to say that that is her GP as long as she is appropriate from a risk perspective.

Ken McCroary: Yeah well even in that situation we're still liaising with the clinic and the hospital and the midwife and everyone else on a regular basis anyway and communication between everyone in that space with the knowledge that you talk about her and the baby she is making, or them and the baby they are making. Yeah that's good I like the way you guys are liaising to try and encourage that it's great, so well done. That actually segues me to my next bit as well cause I was going to talk about collaboration and cooperation between midwives and GPs and our goals and the priorities and stuff. It's been a road you know, it's been a journey. I've been doing shared care here for about a quarter of a century now so it's been fun. What do you guys see and what's your experience been like and where do you think we're headed?

Wendy Pickup: I've actually only been in this role since June and I'm loving it cause I've always seen what's missing between the hospital and the GP cause I used to work in early pregnancy and it was so lovely to speak to GPs about their ladies instead of getting disjointed information so actually being that gap between the hospital, the lady and the GP has been really good and knowing I can do something to help it flow better so I'm loving it so far. And I actually get to do clinics so it's good. Bec's been at it a bit longer than me.

Rebecca Bedding: So I've been in my position since September last year and prior to that I've worked in hospital roles, mostly in the antenatal space, for the last 10 years or so at various clinics around the district which has been very helpful going into this position because I know people at each hospital so that's quite useful, particularly when I need to contact someone on behalf of a GP. So I've also really loved this role and this job. I feel very grateful for being able to work in this position and I like the ability to be able to connect with different types of clinicians in different spaces and it's a great honour from our perspective cause there's some really wonderful ideas that come from GPs world, GP land, that hospital clinicians don't think like that. I love that flexibility that GPs have in the way, that they come up with great ideas because you're working I suppose not in isolation, but you're in a practice but you are sort of responsible for yourself, there's not always someone right next door that you can go and grab or ask the question of depending on the situation in your practice.

So I love the way you think and connect with people, there's a lot that the facilities could learn from GPs I think just in way of being flexible and having that adaptive thinking and things like that. So I think it's quite exciting to be able to work alongside GPs to hopefully bring some of that more adaptive thinking into our facilities and our clinics and things like that. Like ultimately we're all one big team with, as you said earlier Ken, the women in the middle so it would be really great to be able to collaborate on how we can make that better. Whether the woman's a high risk pregnancy or a low risk pregnancy we still need them to see the GP, she still needs the midwife, she still needs the obstetric team so how can we work together and make it seamless for the woman which would benefit us too?

Ken McCroary: Yeah we're all on the same side, we're all gunning towards a great outcome and happy family and successful delivery and it is fun. You're both right, it is a pretty cool space to work in isn't it?

Wendy Pickup: Very satisfying too, cause when you talk to a GP and you can answer their question you just feel good, you think "oh that helped, we fixed that problem". And you know when you are out at the hospital it's so hard to get that information if you're not in the hospital so that's why we go to quite a huge extent to answer their questions and provide any input for their patient that we can.

Rebecca Bedding: Sometimes, I've had a few calls lately cause I've been encouraging it at events, you know if you're not sure and you haven't received the notice that your woman is shared care or not, call us, let us know, we can check that for you. We can access those records and that communication from the hospital to GPs around allocation to shared care or not allocation to shared care and what the plan is for that woman is also something that we are working on because we know that is suboptimal at times. It depends on the facility, it depends on the method of receiving that notification so we are trying to look at how that can be done a little bit better. So we're always open to feedback from GPs about ideas.

Ken McCroary: Very good. We at GP Link we're an advocacy organisation for GPs and obviously we've got the rest of the primary health care team and our patients as well. Education is really, really important to us and you did mention education at some stage during our interview today. Now how do you reckon we could improve education and also engagement of GPs that aren't in antenatal shared care at the moment considering the population is booming. I mean we're the biggest regional growth area in the country, our births are high, there's not a never-ending road of obstetricians and midwives arriving, we need more GPs, more primary health care nurses, more hospital nurses, we need more midwives, obstetricians etc etc but until we get there how do we educate better and how do we engage better?

Rebecca Bedding: I think having as many GPs as are interested in doing our antenatal shared care program would be marvelous because that gives women so many options in terms of having their care provision within the community in which they live. Education is a challenge because we've all become thanks to COVID a bit accustomed to the old virtual learning and that's useful, it's certainly helpful especially like yourself you can probably have your clinic run to a certain time and you've got life outside and you've got to try and fit your education in there and you've got requirements to meet a certain number of hours per year and the shared care a certain number of hours of specific shared care so virtual learning is a good option given the age we're living in but it does lack a little bit of that connection. It's more difficult, it takes longer to establish that connection and rapport I think virtually. I'd be interested to know what the research says but its challenging to try and get a balance between face-to-face education which people always say they are keen on but then the challenge of where to locate that so that its equally accessible to GPs across a really large area where we've got traffic and all the things.

So planning for next year we're trying to have a bit of a balance between having virtual which are easy for people to go into and we can get good numbers but also trying to incorporate face to face. But it's hard because we reach a lot more people with virtual but it's hard when you're on the other side to be able to ask your questions when there's potentially 70 other people there attending, it's a bit challenging so I don't know the answer at the end of all that. What's the best way moving forward?

Wendy Pickup: We've tried to structure our, well we will be trying to structure the education program so then we will hopefully find that GPs will be able to plan their years. We're planning on putting out a program for the whole year and that is set so then they can look at it and go okay I can get my points by attending this one in June and this one September instead of waiting for it to come up. So we're trying to plan things way ahead so it makes life easier and give lots and lots of opportunities. And any opportunity that we get that we think might be good for GPs we just put it out there. It's not necessarily GP specific, it could be anyone, obstetric, midwife. We just put it on there cause most people are welcome.

Rebecca Bedding: As Wendy said we're planning our calendar so in the last couple of months we've started trying to put more of those CPD opportunities on HealthChat as a little bit of an inspiration but also to keep it centralised. You don't then need to go through the whole CPD page on South Western Sydney's PHN website to find specific antenatal shared care if you're not sure what you're looking for, just that little bit of consolidation makes things easier to find and then it links back to the registration page. So we'll put our calendar up including skills days. The only thing we won't put on there is orientation cause that requires an application but everything else is open to any GP whose a provider. If GPs are not recognised providers and are interested they can still access the HealthChat page cause it's not a secret page but if they're interested they can access our contact details. Our contact details are on the shared care page of the PHN's website so if they are interested in accessing those things just give us a call, shoot us an email and we're all happy to guide you through the process.

Ken McCroary: I was going to ask you later the phone numbers you mentioned. Do you have them handy?

Rebecca Bedding: Yep. I mean I know mine. 0484 627 228

Wendy Pickup: 0402 792 820

Ken McCroary: Great.

Rebecca Bedding: Do you want the email? It's swslhd-cmcgpsc@healthnsw.gov.au

Ken McCroary: Fantastic. Thank you.

Rebecca Bedding: That's a shared inbox so both Wendy and I look at those emails so you'll get a response from one of us.

Ken McCroary: Excellent. Now obviously this is a written interview eventually but you guys have been smiling for most of the time. We also talk wellbeing in our organisation. You're loving your jobs, you're laughing and smiling how do you keep well and what advice can you give to my members about health, GP, nurse wellbeing I guess?

Wendy Pickup: I think we bounce off each other. Having two of us in the job. I'm full time but not full time in this job so I'm always around anyway and we share it. We share the load, so like if Bec has to have a day off I swap days, if we need to swap clinics we do.

Just having the mix too so we've got the antenatal clinics we do at three sites every fortnight plus we do policy writing, we do a little bit of research so just the mix of jobs and it just seems to work. And we know our limit, we've got a very good boss who we can talk to, just all over it's probably just a nice environment to work in. And because we go around to all the different sites we get to see all these different people and everyone's supportive because they know what you're doing, you're there to support GPs, you're there so they can talk to you about GPs if they've got issues and yeah, we're just nice people.

Rebecca Bedding: I'd have to second Wendy's statement that we just work, it's good to have the two of us. We work really well together. We're both very easy going people so it's not a challenge to work with Wendy at all and I hope it's not a challenge for her to work with me but from an outside of work perspective it's very much work is work, outside of work is outside of work so we've both got the mentally of we don't do work outside of our work hours because it's very important to have that work life balance. So that's quite helpful that we've both got that same mentally about keeping that balance because it would be really hard to work with someone who was working all the time irrespective of the hours of their actual paid job so we both sort of have that family positive view and I think that we both enjoy our work is really nice because we feed off that positively that each other has. And as Wendy said we've got a really supportive boss who is very flexible in her thinking and very supportive of things that we might want to do or suggest to do, changes that we might suggest, she's very positive and supportive of us but I think within the actual job there's so much flexibility in here and variation like we can be doing clinic one day which is amazing and fabulous to be with the women and then we could be doing project work, talking with GPs, doing education the next day or sometimes all in the same day so there's no boringness at all which just makes it nice to come to work. Does that answer your question Ken?

Ken McCroary: Variety and balance and having fun. Yes absolutely. Just to sum up though our priority always has been for women and a healthy happy birth outcome whenever we can. Any final words from both of you before we wrap it up?

Rebecca Bedding: I don't think so. If you're a GP and you're interested in pregnancy care give us a call. We're happy to support you in the process, we would like more of you and yeah fundamentally the goal is that we all work well together and the woman and her baby have the best outcome, safest outcome possible, that is a good positive experience for her as well and her family.

Wendy Pickup: I don't think there's anything else to add. Yes we do have some bad times with some of women that present, sometimes there's a not good outcome but that's why we're there too, we're there to support the women and the GP if they have bad outcomes cause we don't want them going away, the GPs going away going "that's it I'm done I'm not doing antenatal shared care anymore" so we make sure they're well supported and they get all the information they need when the woman becomes high risk or she has a loss at the hospital we always give them feedback just so they stay in the loop.

Ken McCroary: Yeah, thank you. Yeah if you're not doing shared care already it is a really happy space 99.9% of the time. Obviously its disastrous, the worst day of your life when it's not, but you're well supported, you're safe, you've got plenty of backup and yeah I've always recommended people take up shared care so with you guys in charge and liaising I think we should actually have some more success and better outcomes. So thanks again for joining me today, its been really fun, appreciate that and thanks for what you're doing for the women of our region

Remember if you're not a member of GP Link already or you would like to learn more log onto our website at https://sswgp.link/.